

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 490

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County GrotonCity or town Ridgely - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Ridgely Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2(a) If veteran, name war none

3. (a) FULL NAME

Clara Bickling

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Fred A. Bickling8. (c) If alive, give age 59 years7. Birth date of deceased (mo., day, yr.) September 28, 18908. AGE: Years 54 Months 11 Days 26 If less than one day
.....hrs.min.8. Birthplace (Marydel) Kent Co. Delaware
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Home12. Name John Thorpe13. Birthplace Kent Co. Delaware14. Maiden name Louise Whith15. Birthplace Kent Co. Delaware18. Informant Mr. Fred BicklingAddress Ridgely, Md.17. Burial Date thereof 9-26-45

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory GreensboroLocation Greensboro, Maryland18. Funeral director Raymond PawlingAddress Greensboro, Maryland19. Sept 25, 45 J. W. Davis

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23, 1945, at 8:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 18, 1941 to September 23, 1945and that I last saw him alive on September 23, 1945

Immediate cause of death

DURATION

Ovarian Papillary Carcinoma 18 mos.Due to bilateral

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ovarian Papillary Carcinomabilateral, w/ spread to intestines Date of op. 3-12-45Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Davis M.D.Address Ridgely, Md. Date signed 9-24-45

RECEIVED
SEP 27 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93A

CERTIFICATE OF DEATH



Reg. Dist. No. 63

1. PLACE OF DEATH:
 County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long to above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Smithson
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Smithson
 (If rural, give LOCATION)
 2.(a) If veteran, name war -

3. (a) FULL NAME
Willie E. Gruwell

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife J. Edward Gruwell
 6. (c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) September 25, 1861
 8. AGE: Years 83 Months 11 Days 21 It less than one day - hrs. - min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home

FATHER 12. Name James Bowdle
 13. Birthplace Caroline County, Maryland
 MOTHER 14. Maiden name Flukarty
 15. Birthplace Caroline County, Maryland

16. Informant Mrs. Nellie Hopkins
 Address Preston, Maryland, R.F.D.

17. Burial Date thereof September 18 1945
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Linchester Cemetery
 Location Near Preston, Maryland

18. Funeral director J. J. Trautman and Son
 Address Federalburg, Maryland

19. Sept 18 19 45 C. D. Plummer
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16 19 45 at 10 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 13 to Sept 16 and that I last saw him alive on Sept 16

Immediate cause of death Cerebral hemorrhage DURATION 3 days

Due to Hypertension + Myocarditis 5 yrs.

Other conditions -

(Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - injured at work? -

23. SIGNATURE Frank M. Gorman MD M. D. or other -
Federalburg, Md. Date signed 9/16/45

MARGIN RESERVED FOR BINDING

VS A15

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UNITED STATES DEPARTMENT OF JUSTICE

RECEIVED

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SEP 21 1945
BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

108870

CERTIFICATE OF DEATH

★ Reg. Dist. No. 61

1. PLACE OF DEATH:

County CapolineCity or town Goedsloro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Goedsloro (Rural)
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Baby Loy Foster

3. (b) Social Security Number

4. Sex Male5. Color or race colored6. (a) Single, married, widowed, or divorced infant

8. (b) Name of husband or wife _____

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 3, 19458. AGE: Years _____ Months 2 Days _____ If less than one day _____ hrs. _____ min.9. Birthplace Goedsloro Maryland
(Town, county, and state)

10. Usual occupation _____

11. Industry or business _____

12. Name John Cornelius Foster13. Birthplace Goedsloro Md.14. Maiden name Viola Wilkerson15. Birthplace Greensboro Md.16. Informant John FosterAddress Greensboro Md17. Burial Burial Date thereof Sept 6 1945
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory UnionLocation near Goedsloro Md.18. Funeral director John Foster - (Father)Address Goedsloro Md - Rural19. Sept 6 1945 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1945 at 1:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 3 1945 to Sept 6 1945and that I last saw him alive on Sept 4 1945Immediate cause of death Infantile Pneumonia

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Charles H. Thompson

M. D. or other

Address Greensboro Md Date signed 9/6/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 8 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

08871

★ Reg. Dist. No. 66

1. PLACE OF DEATH: Caroline
 County.....
 City or town.....Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....52 yrs
 Hospital, institution, or street address where death occurred.....
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....Maryland County.....Caroline
 City or town.....Ridgely
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....None

3. (a) FULL NAME
Ernest William Jones
 4. Sex.....Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Married
 6.(b) Name of husband or wife.....Naomi Jones
 6.(c) If alive, give age.....54 years
 7. Birth date of deceased (mo., day, yr.).....March 4, 1880

3. (b) Social Security Number
214-03-6114

MEDICAL CERTIFICATION

20. DATE OF DEATH.....September 14 1945, at 7:25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 19 1945 to September 14 1945
 and that I last saw him alive on September 14 1945

Immediate cause of death..... DURATION

Coronary Disease 5 days

Due to.....

Due to.....arteriosclerosis years

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....none Date of op.

Autopsy results.....no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....J. H. Jones M.D.,
Ridgely, Md. M. D. or other

Address.....Ridgely, Md. Date signed.....9-16-45

8. AGE: Years.....65 Months.....6 Days.....10 If less than one day..... hrs. min.
 9. Birthplace.....Denton, Caroline Co. Maryland
 (Town, county, and state)
 10. Usual occupation.....Mechanic
 11. Industry or business.....Creamery
 FATHER
 12. Name.....Wm. Jones
 13. Birthplace.....
 MOTHER
 14. Maiden name.....Annie Porter
 15. Birthplace.....Md.
 16. Informant.....Weaver Jones
 Address.....Ridgely, Md.
 17. Burial.....Buried Date thereof.....Sept 17, 1945
 (Burial, cremation, or removal, which?)..... (month) (day) (year)
 Cemetery or crematory.....Reformed
 Location.....Ridgely, Md.
 18. Funeral director.....Raymond B. Rawlings
 Address.....Thru two Md.
 19. Sept 17 1945 J. D. Davis
 (Date rec'd by registrar)..... Registrar

RECEIVED
SEP 19 1945
BUREAU V.R.

Sept 11 12
J. A. Davis

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-P

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County CarolineCity or town Ridgely
(If outside city or town limits write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Ridgely
(If outside city or town limits write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Laura Virginia Marvel

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Wm. Marvel

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7-18718. AGE: Years 74 Months 4 Days 3 If less than one day hrs. min.9. Birthplace Caroline Co. Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Radden13. Birthplace Delaware14. Maiden name Mary Howell15. Birthplace Del16. Informant Mrs. Carlie MarvelAddress Ridgely Md17. Burial Date thereof Sept. 12-1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Ridgely DentonLocation Denton Ind.18. Funeral director Edgar L. LaneAddress Church Hill Ind.19. Sept 12 1945 J D Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1945 at 4:30 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 1939 to September 10 1945
and that I last saw him alive on Sept 9 1945Immediate cause of death Carcinoma uterine

DURATION

16 wks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma uterine with metastases
Date of op. Aug. 9, 1944

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J Paul Twitts MDAddress Winton Ind Date signed 9/11/45

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED
SEP 13 1945
BUREAU U.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of father's name is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(159)

Reg. Dist. No. 118873 67

BM No G 98 OCT 10 1945

1. PLACE OF DEATH:

County Baltimore
City or town Greenboro, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 hr.
Hospital, institution, or street address where death occurred: Steward's Maternity Hospital.

How long in hospital or institution? 1 hr.

3. (a) FULL NAME

Eugene Schaffer

4. Sex Male 5. Color or race W 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife

6. (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1945

8. AGE: Years 1 Months 58 Days min.
If less than one day 1 hrs. 58 min.

9. Birthplace Greenboro, Md. Caroline Co.
(Town, county, and state)

10. Usual occupation

11. Industry or business

Martin Eugene Collison

12. Name Martin Eugene Collison

13. Birthplace Burrsville

14. Maiden name Blady Schaffer

15. Birthplace Greenboro, Md.

16. Informant Mrs. John Schaffer

Address Greenboro, Md.

17. Buried Sept 10 - 45

(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)

Cemetery or crematorium Greenboro, Md.

Location Greenboro, Md.

18. Funeral director J. Hazel Green

Address Greenboro, Md.

19. Sept 10 19 45 R. Mac Lippman

(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No. R. 7. W.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 19 45 at 4:08 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 19 45 to Sept 10 19 45

and that I last saw him alive on Sept 10 19 45

Immediate cause of death

Prematurity
about 6 1/2 hrs. gestation

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Throats

Address Denton Md. M. D. or other 9/10/45

Date signed

RECEIVED
SEP 14 1945
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

★ Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
 City or town Near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County Caroline
 City or town Near Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Amelia Pearl Todd

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) May 21 1873 6.(c) If alive, give age 72 years

8. AGE: Years 72 Months 3 Days 15 If less than one day
hrs.min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation at home11. Industry or business Callison12. Name Callison13. Birthplace Ind.14. Maiden name Bell15. Birthplace Maryland16. Informant Mr. Dallas BellAddress Denton Ind.17. (Burial, cremation, or removal, Which?) Buried Date thereof Jan 9 1945Cemetery or crematory Central CemeteryLocation Carroll, Ind.18. Funeral director J. Virgil Brown & SonAddress Denton Ind.19. Sept 8 1945 Mr. H. O. George Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1945 at 11:10 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1941 to Sept 6 1945
 and that I last saw him alive on Sept 6 1945

Immediate cause of death Carcinoma breast DURATION 24 7 mo

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Carcinoma of heart
 Date of op. March 1943

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. Paul Knotts M. D. or otherAddress Denton Ind. Date signed 9/8/45

RECEIVED
SEP 14 1945
BUREAU V.S.

Evidence for change of year of birth of deceased is shown 2411 N. Charles St., Baltimore 1942

on

MD No. G 98 SEP 19 1945

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

118875

Reg. Dist. No. 62

1. PLACE OF DEATH: Caroline
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME Capt. James Trice
 3. (b) Social Security Number

4. Sex m
 5. Color or race W.
 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Wm. Trice
 6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Nov. 15 1858

8. AGE: Years Months Days If less than one day
85. 8 15 hrs. min.

9. Birthplace Williston Caroline Ind.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name William Trice
 13. Birthplace Germany Ind.

14. Maiden name Elizabeth B. Trice
 15. Birthplace Germany Ind.

16. Informant Mr. George H. Haveling
 Address Rd. Denton Ind.

17. Buried Date thereof 9-11-45
 (Burial, cremation, or removal) Which? (month) (day) (year)

Cemetery or crematory Central Cemetery
 Location Caroline Ind.

18. Funeral director Virgil Trice
 Address Denton Ind.

19. 9-11-45 19 45 Trice
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 19 45 at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 43 to Sept 9 19 45

and that I last saw him alive on Sept 8 19 45

Immediate cause of death..... DURATION

Due to Angina Pectoris - Heart Disease 10 yrs.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE Hanson M. D. other

Address..... Date signed 9/11/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 14 1945

BUREAU V.S.